

|   |  |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
|---|--|---------------------------|---|----------------------|--|--------------------------|--|----------|---|----------|--|----------|--|----------------------------------|--|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |  | Docket Number 201487/1160 |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
| <p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>  | <p>In re Application of Takaiwa et al.</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Application Number 10/554,308</td> <td style="width: 40%; border-bottom: 1px solid black;">Filed April 23, 2004</td> </tr> </table> <p style="text-align: center; margin: 0;">For METHOD OF ACCUMULATING ALLERGEN-SPECIFIC T CELL ANTIGEN DETERMINANT IN PLANT AND PLANT HAVING THE ANTIGEN DETERMINANT ACCUMULATED THEREIN</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Group Art Unit 1638</td> <td style="width: 40%; border-bottom: 1px solid black;">Examiner Cathy K. Worley</td> </tr> </table> |                           | Application Number 10/554,308   | Filed April 23, 2004 | Group Art Unit 1638  | Examiner Cathy K. Worley |  |          |   |          |  |          |  |                                  |  |   |
| Application Number 10/554,308   | Filed April 23, 2004   |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
| Group Art Unit 1638   | Examiner Cathy K. Worley   |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)</td> <td style="text-align: right;">\$ <u>460.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p style="margin-top: 10px;"><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p style="margin-top: 10px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p style="margin-top: 10px;">I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;"> <u>/Michael L. Goldman/</u><br/> Signature </td> <td style="width: 50%; text-align: center;"> <u>February 26, 2008</u><br/> Date </td> </tr> <tr> <td style="text-align: center;"> <u>Michael L. Goldman</u><br/> Typed or printed name </td> <td style="text-align: center;"> <u>(585) 263-1304</u><br/> Telephone Number </td> </tr> </table> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> |  |                           | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ _____             | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) | \$ <u>460.00</u>         | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) | \$ _____ | <u>/Michael L. Goldman/</u><br>Signature | <u>February 26, 2008</u><br>Date | <u>Michael L. Goldman</u><br>Typed or printed name | <u>(585) 263-1304</u><br>Telephone Number |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)   | \$ _____   |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)  | \$ <u>460.00</u>   |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)  | \$ _____   |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)   | \$ _____   |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)  | \$ _____   |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
| <u>/Michael L. Goldman/</u><br>Signature  | <u>February 26, 2008</u><br>Date   |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
| <u>Michael L. Goldman</u><br>Typed or printed name  | <u>(585) 263-1304</u><br>Telephone Number  |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |
| <input type="checkbox"/> Total of _____ forms are submitted.  |  |                           |   |                      |  |                          |  |          |   |          |  |          |  |                                  |  |   |

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